

Precision Farming Data Calibration Report



Insured's Name, Mailing and/or Street Address and other Contact Information		Agency Name and Agent Contact Information			Crop Year	State	Policy Number
Insured Name: _____		Agency Name: _____	Code: _____				
In Care Of: _____		Agent Name: _____					
Crop Year: _____	Crop: _____	Scale Source: _____		Farm Name: _____			
Date	Field Name	Machine	Monitor Weight	Approved Scale Weight	Weight +/-	Percent Diff +/-	Average Moisture

Precision Farming Data Upload Date:

If the initial sensor calibration difference exceeds three percent (3%) when compared to the actual weighted production harvested from the acreage used to calibrate the sensor, additional calibration may be taken until the results are within the 3% tolerance.

CERTIFICATION STATEMENT

I certify that to the best of my knowledge and belief all of the information on this form is correct. I also understand that failure to report completely and accurately may result in sanctions under my policy, including but not limited to voidance of the policy, and in criminal or civil penalties (18 U.S.C. §1006 and §1014; 7 U.S.C §1506; 31 U.S.C. §3729, §3730 and any other applicable federal statutes).

Operator/Insured's Printed Name	Operator/Insured's Signature	Date
Agent's Printed Name	Agent's Signature	Date